



2004 Survey of Service Industries: Real Estate Rental and Leasing and Property Management Industries

This information is collected under the authority of the *Statistics Act, Revised Statutes of Canada, 1985, Chapter S19.*

Completion of this questionnaire is a legal requirement under this Act.

This document is confidential when completed.

Si vous préférez recevoir ce questionnaire en français, veuillez nous téléphoner au 1 888 881-3666.

If necessary, please correct pre-printed information below.



0001	Legal name	0004	Address (number and street)		
0002	Business name	0005	City		
0003	C/O	0006	Province/ Territory or State		
0008	First name of contact	0053	Country	0007	Postal code/ Zip code
0028	Last name of contact	0010	Language preference	1 <input type="checkbox"/> English 2 <input type="checkbox"/> French	

A - General Information

Survey Purpose

This survey collects the financial and operating data needed to develop national and regional economic policies and programs.

Data-sharing Agreements

In an effort to reduce reporting burden, Statistics Canada has entered into agreements with provincial and territorial statistical agencies for the sharing of data. The data are kept confidential and used for statistical purposes only. Please see the enclosed reporting guide for details of these agreements.

Confidentiality

The *Statistics Act* protects the confidentiality of information collected by Statistics Canada.

Fax or Other Electronic Transmission Disclosure

Statistics Canada advises you that there could be a risk of disclosure during the facsimile or other electronic transmission. However, upon receipt, Statistics Canada will provide the guaranteed level of protection afforded all information collected under the authority of the *Statistics Act*.

Reporting Instructions

- Report for **all** operation(s) and/or location(s) pre-printed in the above address area. If it is not possible to report for the above business unit(s), please explain the reason(s) in the Comments section at the end of the questionnaire.
- When precise figures are not available, please provide your best estimates.
- For further information about this survey and definitions, please consult the enclosed reporting guide.

Return of Questionnaire

Please mail the completed questionnaire(s) in the enclosed envelope or fax it to Statistics Canada at 1 888 883-7999 within 30 days of receipt.

Lost the return envelope or need help? Call us at 1 888 881-3666 or mail to:
Statistics Canada, Operations and Integration Division, 120 Parkdale Avenue, Ottawa, Ontario K1A 0T6



B - Main Business Activity

Please describe the nature of your business.

0055

Please check only one of the following categories that represents the **main** activity, at this business unit, which most accurately describes the principal source of revenue.

Covered by survey:

- 0230 Lessors of residential buildings and dwellings
- 0233 Lessors of non-residential buildings, except mini-warehouses (e.g., shopping malls, offices)
- 0234 Self-storage mini-warehouses
- 0235 Lessors of other real estate property (e.g., mobile home park, agricultural property rental)
- 0240 Property managers, residential and non-residential properties

Exclusions from survey:

- 0243 Condominium associations
- 0232 Social housing (please check **only** if social housing represents at least 80% of your total rental income).
- 0040 None of the above

If you checked any of these exclusions from survey, please complete the last page and return the questionnaire.

For further information, please refer to the enclosed reporting guide.

C - Reporting Period Information

Please report information for your **fiscal year** (normal business year) ending between April 1, 2004 and March 31, 2005. Please indicate below the period covered by this questionnaire.

1. From 0011 To 0012

2. If you did not operate this business unit for a full year, please check the reason(s) below:

- 0031 1 Seasonal Operation 2 New Business 3 Change of Fiscal Year 4 Change of Ownership 5 Ceased operations 6 Temporarily Inactive

3. Please indicate below, any change that may have occurred in the organization of this business unit during this fiscal year:

- 0047 1 Acquired New Business Units 2 Disposed of/ Sold Business Units

If you have had any other changes in your business within the year, please describe these changes in the Comments section at the end of the questionnaire.

D - Joint Venture

If you are involved in a joint venture, **do not include** the joint venture revenue and expenses. However, if you cannot differentiate between the entities of that joint venture, please describe the nature of the joint venture in the Comments section at the end of the questionnaire.

Are you reporting for the joint venture or only for your business as it appears on the printed label?

- 0171 1 Yes
- 3 No

For further information, please refer to the enclosed reporting guide.

E - Renovations and Alterations

If your firm earns revenue from the renting and leasing of either Residential or Non-residential real estate, or if you are a property management firm and have done some alteration or renovation work on behalf of the owner, please complete this section.

1. Have you done any renovation or alteration work?

¹²³⁵ 1 Yes – Please complete the section below.

3 No – Please go to **Section F**.

Report the total value of investment or **capital expenditures** which comprises additions, renovations or alterations, replacement and new installations of equipment.

Include own account work, contracted work and cost of materials.

Exclude repair and maintenance expenses of buildings and structures that should be reported in **Section I**.

	Residential Value (\$ CDN)	Non-residential Value (\$ CDN)	Total Value (\$ CDN)
9323		9324	9326

2. Total expenditures

F - Number of Buildings and Units

	Residential		Non-residential	
	Number	Square Feet	Number	Square Feet
1. Report the number of buildings and square feet you owned or operated at the end of the reporting period.	5016	5020	5017	5021
2. Report the number of units and square feet you owned or operated at the end of the reporting period.	5018	5022	5019	5023

For further information, please refer to the enclosed reporting guide.

G - Personnel

Report the average number of people employed.

		Number
1. Full-time employees	6310	
2. Part-time employees	6311	
3. Total number of paid employees (sum of 1 and 2)	6312	

H - Revenue

		\$ CDN
1. Residential, rental and leasing of residential dwellings (apartments, single family homes, row houses)	1150	
2. Non-residential, rental and leasing (e.g., plaza, office buildings, malls, stores)	1228	
3. Self storage warehouses, rental and leasing of mini-warehouse	1210	
4. Other real estate property, rental and leasing of mobile home parks or land	1221	
5. Property management fees	1336	
6. Sales of other goods and services	2000	
7. Other revenue (Please specify major items):		
1229	1232	
1230	1233	
1231	1234	
8. Total operating revenue (sum of 1 to 7)	2080	
9. Investment and other income (e.g., interest and dividend income, capital gains)	2097	
10. Total revenue (sum of 8 and 9)	2098	

For further information, please refer to the enclosed reporting guide.

I - Expenses

		\$ CDN	
1.	Total salaries and wages	3010	
2.	Employer portion of employee benefits	3040	
3.	Total labour remuneration (sum of 1 and 2)	3041	\$ CDN
4.	Real estate property management fees paid to others	3202	
5.	Real estate commissions paid to others	3212	
6.	Inducements to tenants (for the reporting period)	3222	
7.	Utilities (e.g., light, heat, power, water)	4042	
8.	Rental and leasing expenses	4115	
9.	Repair and maintenance expenses of buildings and structures	4185	
10.	Janitorial, cleaning, and snow removal service expenses	4200	
11.	Legal, accounting and auditing expenses	4230	
12.	Other purchased professional and business services	4275	
13.	Insurance premiums	4350	
14.	Property taxes	4427	
15.	Transfer taxes and lot levies	4426	
16.	Other provincial/territorial and municipal taxes	4428	
17.	Amortization and depreciation of buildings and equipment	4520	
18.	Mortgage interest	4620	
19.	Write-offs, valuation adjustments, losses on sales of capital assets	4349	
20.	All other expenses (Please provide details below):	4534	
	4531 _____	4535	
	4532 _____	4536	
	4533 _____	4699	
21.	Total expenses (sum of 3 to 20)		

J - Certification

I certify that the information contained herein is complete and correct to the best of my knowledge.

Signature of authorized person		Title 0014	Date 0015 Year Month Day <input type="text"/> <input type="text"/> <input type="text"/>			
Name of person to contact for further information: 0026		0013	<input type="text"/>			
1 <input type="checkbox"/> Mr. 2 <input type="checkbox"/> Mrs 3 <input type="checkbox"/> Miss 4 <input type="checkbox"/> Ms		0054	First name <input type="text"/>			
			Last name <input type="text"/>			
E-mail address 0018			Web site address 0020			
Telephone number 0017	Extension number 0027		Fax number 0016			
How long did you spend collecting the data and completing this questionnaire?			9910	Hour(s) <input type="text"/>	9909	Minutes <input type="text"/>

K - Comments

We invite your comments below. Please be assured that we review all comments with the intent to improve the survey.

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Thank you for completing this questionnaire. Please retain a copy for your records.

Statistics Canada's publications are available for use in Statistics Canada's regional offices and all major libraries.

As well, please visit our Web site at www.statcan.ca.

If you need help, please contact us at **1 888 881-3666**.